UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
BROWNSVILLE DIVISION

STEVEN TENDO, ***Petitioner - Plaintiff,*** *v.* **CARLOS RODRIGUEZ,** Deportation Officer, Port Isabel Service Processing Center, **JOSE GARCIA LONGORIA, JR.** Officer in Charge, Port Isabel Service Processing Center; **DANIEL BIBLE**, Field Office Director, San Antonio Field Office, U.S. Immigration and Customs Enforcement; **MATTHEW ALBENCE**, Acting Director, U.S. Immigration and Customs Enforcement; **CHAD WOLF**, Acting Secretary, U.S. Department of Homeland Security; and **UNITED STATES IMMIGRATION AND CUSTOMS ENFORCEMENT**, ***Respondents - Defendants.***	§	**CIVIL ACTION:** **1: 20 - CV - 0060**

EXHIBIT A
TO AN URGENT PETITION FOR A WRIT OF HABEAS CORPUS AND COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF

Doc. 1	Declaration of Marsha R. Griffin, MD
Doc. 2	Declaration of Dr. Jaime Meyer
Doc. 3	Declaration of Carlos Franco-Paredes, MD, MPH
Doc. 4	Statement, Jennifer K. Harbury
Doc. 5	Request for Release/Parole of Steven Tendo to DHS / ICE
Doc. 6	Written Denial of Request for Release/Parole of Steven Tendo (following oral denial)

Doc. 7	Statement, Dr. Laszlo Madaras
Doc. 8	Affidavit of Jennifer Harbury, with messages received from Steven Tendo
Doc. 9	Letter from Lisa S. Brodyaga, Esq.
Doc. 10	Letter from American Diabetes Association to Detention Centers, regarding Diabetes and Diabetics, COVID-19 and the Detention Setting
Doc. 11	Updated Guidance; COVID-19 Detained Docket Review from Peter Berg, Assistant Director, Field Operations ICE dated April 4, 2020
Doc. 12	2019 National Detention Standards (ICE), Sections 4.1 Food Service and 4.3 Medical Care

DOCUMENT 1

DECLARATION OF MARSHA R. GRIFFIN

I, Marsha R. Griffin, MD, make the following declaration in the case of Steven Tendo based on my personal knowledge and declare under the penalty of perjury as set forth in 28 U.S.C. § 1746 that the following is true and correct:

1. I am a Board-Certified Pediatrician through the American Board of Pediatrics (since 2006) and a licensed physician in the state of Texas. I am a Professor of Pediatrics at the University of Texas Rio Grande Valley School of Medicine (UTRGV SOM) and an Executive Committee member of the American Academy of Pediatrics (AAP) Council on Immigrant Child and Family Health. I am a co-author of the AAP Policy Statement "Detention of Immigrant Children," and a contributing author of the AAP Immigrant Health Toolkit. I am also the Director of the UTRGV SOM Division of Child and Family Health. My clinical and academic work is focused on the care of immigrant families along the border of Texas and Mexico. I have spent the last ten years writing and speaking both nationally and internationally about my concerns for the trauma inflicted on immigrant families forced to pass through this region in search of safe-haven and the detrimental effects of such trauma on their trajectory of health.

2. I completed my M.D. degree at the University of Texas Health Science Center at San Antonio (UTHSCSA) in 2003, followed by pediatric residency at Baylor College of Medicine, Texas Children's Hospital from 2003 through 2005 and a final year of pediatric residency at UTHSCSA in 2006. I then spent over ten years serving in a Federally Qualified Health Center, Brownsville Community Health Center in Brownsville, Texas, caring for the poorest of the poor along the southern border. Most of my patients and their families were immigrant families. From 2014 to 2019, I volunteered my medical services at the Catholic Charities Humanitarian Center for recently released immigrants from the Customs and Border Protection (CBP) Processing Center in McAllen, Texas. I now serve as Medical Director of the Humanitarian Care Respite Clinic and oversee the medical team providing full-time clinical care to the immigrant families released by CBP.
3. A full list of my academic background, honors, presentations and publications can be found in my C.V., which is attached.
4. I am not being paid for my time reviewing the records in this case or preparing this report.

The Nature of COVID-19

1. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), previously known by the provisional name 2019 novel coronavirus (2019-nCoV), is a positive-sense single-stranded RNA virus. It is contagious in humans and is the cause of the ongoing pandemic of coronavirus disease 2019 (COVID-19) that has been designated a Public Health Emergency of International Concern by the World Health Organization (WHO).
2. COVID-19 is a serious disease. The overall case fatality rate has been estimated to range from 0.3 to 3.5 or higher, which is 5-35 times the fatality associated with influenza infection. COVID-19 is characterized by a flu-like illness but is frequently carried asymptomatically. While approximately 80% of cases are self-limited and generally mild, overall some 20% of cases will have more severe disease requiring medical intervention and support.
3. It is estimated that each newly infected person will infect on average 3 additional persons. This is highly infectious.
4. There is no pre-existing or "herd" immunity in the human population, allowing for rapid chains of transmission once the virus is circulating in communities.
5. The case fatality rate varies significantly depending on the presence of certain demographic and health factors. The case fatality rate is higher in men, and varies significantly with advancing age, rising after age 50, and above 5% (1 in

20 cases) for those with pre-existing medical conditions including cardio-vascular disease, respiratory disease, diabetes, and immune compromise.

6. Among patients who have more serious disease, some 30% will progress to Acute Respiratory Distress Syndrome (ARDS) which has a 40% mortality rate overall, higher in those with other health conditions.
7. Patients in higher risk categories, including those with preexisting conditions, will likely require more advanced support if they contract COVID-19.
8. Because all human populations currently are highly susceptible, the attack rate given an exposure is also high, estimated at 20-30% depending on community conditions, but may be as high as 80% in some settings and populations.

Infectious Spread in Congregate settings

1. COVID-19 poses a serious risk to people in closed settings, such as cruise ships or detention facilities. Detention facilities, including jails, prisons and other closed settings have long been known to be associate with high transmission probabilities for infectious diseases, including tuberculosis, multi-drug resistant tuberculosis, MRSA (methicillin resistant staph aureus), and viral hepatis.
2. Infections that are transmitted through droplets, like influenzas and COVID-19 are particularly difficult to control in detention facilities, as 6-foot distancing and proper decontamination of surfaces are virtually impossible

3. All medical providers and frontline nursing staff are trained on the critical importance of infection control. This is especially true during a serious public health threat of infection. The Center on Disease Control has recently provided numerous online resources to guide clinicians and the public during the COVID-19 epidemic to stem the rate of infection. This includes issuing guidelines and warnings regarding the need to protect individuals in congregate settings, such as nursing homes, schools, mass gatherings and prisons.[1] These guidelines are very specific.

4. In addition, Drs. Scott A. Allen and Josiah "Jody" Rich, an internist and infectious disease specialists, provided a letter with recommendations to the House Committee on Homeland Security on March19, 2020. As experts in the field of detention health, infectious disease, and public health, they expressed grave concerns about the need to implement immediate mitigation strategies to slow the spread of the coronavirus and resulting infections of COVID-19. They formally expressed their concerns about the imminent risk to the health and safety of immigrant detainees, as well as the public at large, as a direct result of detaining large populations in congregate settings.[2] In these settings, one of the most critical risks is the rapid spread of infectious diseases. This could rapidly disseminate the virus throughout the entire systems (both the detained and

employees of the detention facility) with devastating consequences to public health.[3]

5. There are a growing number of courts granting compassionate release to prisoners during this global, potentially fatal pandemic.[4] [5] There is a compelling urgency in seeking detainees' rapid release.

Steven Tendo's Medical Condition

1. I have not personally met with the individual, Steven Tendo, in this lawsuit. I have, however reviewed the Letter of Declaration from Dr. Laszlo Madaras of Medical Review for Immigrants. I have also reviewed Mr. Tendo's most recent medical records from an ophthalmologist diagnosing Mr. Tendo with bilateral diabetic cataracts and a file of Mr. Tendo's recent email correspondence with his attorneys regarding his symptoms and his condition. Given this information, I feel compelled to add my Letter of Declaration in strong support of his immediate release from detention.
2. Per the medical records reviewed by Dr. Madaras, Mr. Tendo was previously being treated for his newly diagnosed condition of Diabetes Mellitis with Metformin. Given the denial of a diabetic nor kosher diet at the PIDC, he is unable to control his Hemoglobin A1c (HgA1c) with Metformin. Hemoglobin A1c is a marker used to measure control of blood sugar over time. Recently he

was placed on insulin, but his HgA1c has gone from 7 to 12.1. This is indicative of out of control diabetes and places Mr. Tendo in grave risk for infection of any kind due to a weakening of the immune system.

3. In his medical records relating to his cataracts, the ophthalmologist diagnosed Mr. Tendo with posterior subcapsular cataract, which is caused by uncontrolled blood glucose levels. It is also noted in the medical literature[6], that the early formation of cataracts (Mr. Tendo is only 35years old) can also be a sign of an autoimmunity to insulin.
4. In his email correspondence to one of his attorneys, he also mentions ongoing trouble with "boils". These lesions are often caused by infection with MRSA (methicillin resistant Staph Aureus), which spreads rapidly throughout prison or detention settings. If MRSA gets into a patient's blood system, it can spread to vital organs, including the heart and brain and can lodge in bones causing chronic osteomyelitis (bone death). Diabetic patients are at increased risk of serious life-threatening infections from MRSA.
5. Mr. Tendo's uncontrolled Diabetes Mellitis, possible MRSA skin infections and cataracts are indicative of his compromised immune system and places him in the high risk category. Given his compromised immune system, Mr. Tendo has a significant likelihood of contracting COVID-19 and due to the increased rates

can practice prevention measures recommended by public health officials to protect his life and the lives of other detainees and staff.

Respectfully submitted on April 18, 2020.

Marsha R. Griffin, MD

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[i] Center on Disease Control, "Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities". https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html

[ii] https://assets.documentcloud.org/documents/6816336/032020-Letter-From-Drs-Allen-Rich-to-Congress-Re.pdf

[iii] www.buzzfeednews.com/article/hamedaleaziz/wisconin-sheriff-ice-detainees-coronavirus

[iv] https://www.fd.org/news/courts-granting-growing-number-compassionate-releases-due-covid-19

[v] https://www.fd.org/sites/default/files/covid19/compassionate_release/usvcolvin_order_grant_cr_0.pdf

[vi] Cataract in diabetes mellitis. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6422859/

CURRICULUM VITAE

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EDUCATION

M.D.	University of Texas Health Science Center at San Antonio (UTHSCSA) School of Medicine, San Antonio, TX	May 2003
	United Theological Seminary, graduate studies in Social Justice Issues New Brighton, MN	1995–1998
B.A.	University of Texas Pan American, Psychology/Biology Edinburg, TX	May 1976
	Southwestern University, Pre-Med/Biology Georgetown, TX	1969-1970
	Texas Woman's University, Communication Denton, TX	1968-1969

RESIDENCY TRAINING

Pediatric Resident	University of Texas Health Science Center at San Antonio San Antonio, TX	2005-2006
Pediatric Resident	Baylor College of Medicine Houston, TX	2004-2005
Pediatric Internship	Baylor College of Medicine Houston, TX	2003-2004

CURRENT ACADEMIC APPOINTMENTS

Professor	Department of Pediatrics University of Texas Rio Grande Valley School of Medicine	2016-present
Director	Division of Child and Family Health Department of Pediatrics University of Texas Rio Grande Valley School of Medicine	2016-present
Director	*Community for Children: At the Border and Beyond* International Elective in Community Pediatrics, Department of Pediatrics University of Texas Rio Grande Valley School of Medicine University of Texas Health Science Center at San Antonio Regional Academic Health Center	2006-present 2006-2016
Adjunct Associate Professor	Department of Pediatrics University of Texas Health Science Center at San Antonio Regional Academic Health Center	2013-2016
Clinical Assistant Professor	Department of Pediatrics University of Texas Health Science Center at San Antonio Regional Academic Health Center	2006–2013

Adjunct Doctoral Faculty	Department of Counseling, Leadership, Adult Education, and School Psychology in the College of Education, Texas State University	2015-present

PREVIOUS NON-ACADEMIC APPOINTMENTS

Founder and President — Focus Foundation, Inc., Santa Fe, NM — 1989-1998

Details: Founded the non-profit, Focus Foundation, Inc., to produce documentary films highlighting social justice issues affecting children's abilities to reach their full potential and to give children and youth a voice in creating the future.

Documentaries — *Summer's Story: The Truth and Trauma of Date Rape* — 1992 – Santa Fe, NM

Summer's Story was the personal story of a young college woman, who was raped her first month in college, of her healing and her advice to other college students. This film was distributed to major universities across the nation and was chosen by the State of Minnesota to be the lead piece in their Against Violence Campaign.

In Our Hands — 1993 – Santa Fe, NM

In Our Hands was a documentary celebrating the lives, visions, and art of young deaf artists from five State Deaf Schools across the Southwest. Focus Foundation edited the film, which was distributed to all State Deaf Schools in the United States.

Voices of Our Children — 1995 – Ojibway country

Voices of Our Children was commissioned by the Minnesota Juvenile Justice Committee to document the successes of Ojibway-based programs for their children growing up on five Ojibway reservations in Minnesota and southern Canada. The children and youth on the reservations shared their challenges, their heartaches and their visions for the future of all Native American living on reservations.

Augsburg Peace and Justice Program — *1997- Minneapolis, MN*

This film was commissioned by Augsburg College and documented the impact of the Center for Global Education and Experience on students at Augsburg College. The Center's programming explores peace and social justice through community engagement.

Director of Housing Services — Central Community Housing Trust, (CCHT) now Aeon, Minneapolis, MN — 1994-1998

Details: Responsible for fostering community partnerships within the neighborhoods served by CCHT developing social services for the residents of CCHT housing, which included over 800 units of affordable housing in downtown Minneapolis. Organized and facilitated services in the inner city for formerly homeless, former addicts and alcoholics, Somalian refugees, and street children.

General Pediatrician — Brownsville Community Health Center (BCHC) — 2006-2016
Chief of Pediatrics — Brownsville, TX — 2011-2016

Details: Responsible for the fiscal management, procurement of supplies, and oversight of all medical staff (including four pediatricians, nurse practioner, physician assistant, and eight certified medical assistants). Provided both outpatient and inpatient care for children in the Lower Rio Grande Valley of Texas, one of the most medically underserved regions of the United States. Approximately 70% of the children in the BCHC clinic are indigent patients. Another 30% receive Medicaid or SCHIP. Approximately 90% of my patients' parents speak only Spanish. Appointed as medical director for BCHC Campus Care Clinic in April 2010, serving the indigent students in the local independent school district. Prior to appointment as Chief of Pediatrics in 2011, served as a general pediatrician on the staff of BCHC, beginning in 2006. In 2011, created the "These Bones Won't Heal: The Fracture Fund" and solicited funds to provide on-going funding for indigent patients to cover the cost of orthopedic care for simple fractures. Resigned as Chief of Pediatrics in 2014 to devote time to special projects focusing on immigration and advocacy for human rights.

Co-Founder & Medical Director — MedicoLegal Partnership for Children/RioGrande Valley (MLPC), Brownsville Community Health Center/Texas RioGrande Legal Aid, Brownsville, TX — 2007-2016

Details: Initiated and organized the development of the first two operational medical-legal partnerships (MLP) in Texas, located in San Antonio and Brownsville. As Medical Director of MedicoLegal Partnership for Children – Rio Grande Valley. Maintain the partnership between Brownsville Community Health Center and Texas RioGrande Legal Aid, Inc. and promote MLP among all the physicians and staff of the clinic. Participate in MLP activities on the state and national level, including service to the medical

advisory committee for the National Center for Medical Legal Partnership. MedicoLegal Partnership for Children – Rio Grande Valley was awarded the White House Champion of Change Award in 2011.

TEACHING

Director — Community for Children: At the Border and Beyond — 09/2006-present
UTRGV School of Medicine
Details: Created a 4-week elective rotation for medical students and residents from across the country, designed as the core international health and community pediatrics curriculum for the Department of Pediatrics focused on the border of Mexico and Texas, UTHSCSA. The curriculum has eight primary objectives: rights of the child; social determinants of disease and health; clinical care in resource-poor regions; the impact of poverty, violence and immigration; advocacy; cultural humility; fostering a culture of compassion among physicians and professional development. The CfC curriculum is addressed through didactics, community outreach, advocacy projects, tailored Spanish-language classes, guided reflection and individual development counseling. The rotation is offered two times per year with an average of 16 students and residents annually. Working with the community-based organizations, the students and residents expand the organizations' outreach, research and advocacy within the local community creating positive change. CfC has trained 118 medical students, residents and fellows, from major academic medical schools from across the US, Canada and Israel, since its inception. The Community for Children program is now under the auspices of UTRGV School of Medicine,

Professor of Pediatrics — Third-Year Pediatric Didactics — 07/2018-present
UTRGV School of Pediatrics
Details: Provided syllabus, NMBE style questions, didactic instruction on Common Acute Pediatric Illnesses and Human Rights and Advocacy for third-year medical students on pediatric rotations. Training 50+ MSIII's per academic year.

Professor of Pediatrics — Medicine, Behavior and Society — 09/2017-present
UTRGV School of Medicine
Details: Provided syllabus, USMLE style question and presentation on social determinants of health: *Access to Care: Critical Access.*

Professor of Pediatrics — Mind, Brain and Behavior — 09/2017-2018
UTRGV School of Medicine
Details: Facilitated problem-based learning classes with MSII's for the Mind, Brain and Behavior Module, which is a module combining Neurology, Psychiatry and Neurosciences.

Clinical Adjunct Associate Professor — Third-Year Pediatric Clerkship — 09/2006-2016
UTHSCSA/RAHC
Details: Hands-on and didactic instruction for pediatric third- year medical students in pediatric patient care issues. Train three to four students each academic semester.

RECENT HONORS

2019 Council on Community Pediatrics Outstanding Service in Advocacy Award, American Academy of Pediatrics Annual Leadership Forum, March 2019, Chicago, IL.
2019 Health Policy Hero. National Center on Health Policy. May 2019. Washington, DC.
2018 American Academy of Pediatrics (AAP) Clifford G. Grulee Award. Considered to be one of the greatest honors the Academy can bestow upon one of its Fellows for service to children and to the Academy and its programs.
2015 American Academy of Pediatrics (AAP) Special Achievement Award for organizing medical care for Central American immigrant families on the Texas/Mexico border during the surge of 2014.
2015 Texas Pediatric Society's Central American Refugee Humanitarian Award
2014 Migrant Health Network – 30 "Clinicians Making a Difference" – Presented to clinicians from the U.S. and abroad who have dedicated their lives to migrant health and the migrating poor.
2012 American Academy of Pediatrics Local Heroes Award – Presented at the AAP Annual Meeting, New Orleans
2011 White House Initiative – Champions of Change – Awarded to Brownsville Community Health Center/Texas RioGrande Legal Aid for Medical-Legal Partnership

RECENT GRANTS

Robert Wood Johnson Foundation - $500,000 — 11/01/19-10/31/20
Co-Directors: Deliana Garcia, MA, Migrant Clinician Network and Marsha Griffin, MD UTRGV School of Medicine: Establishing a system of case management and continuity of care for families seeking asylum at the U.S.-Mexico border

Details: Led by Migrant Clinician Network. Provides funding to establish a system of case management and continuity of care for pregnant women, children, and others with extreme health care needs to ensure that migrant families who arrive with acute health care needs can access treatment in their destination communities.

Valley Baptist Medical Center Legacy Foundation - $316,281 09/01/2019-05/31/19
Emergency funding to support the Clinical efforts at the Catholic Charities Rio Grande Valley Humanitarian Respite Center
Details: Partial year funding to provide support for hiring mid-level nurse practitioners, medical assistants and case manager. Funds also include support for UTRGV School of Medicine pediatric faculty as medical director and part-time UTRGV graduate students for administrative support.

UNICEF USA - $99,785 09/01/19-08/31/2019
Funding to support case managers to connect vulnerable immigrant pregnant mothers arriving at the Humanitarian Respite Center with clinics in their destination communities.
Details: Joint project between UTRGV School of Medicine, Texas Children's Hospital/Baylor College of Medicine, Migrant Clinician Network and Catholic Charities of the Rio Grande Valley. Funding to support one full-time case manager onsite and a part-time case manager located at Migrant Clinician Network.

Solidarity Giving $150,000 09/01/19-08/31/2019
Funding to support the creation of a Network of Academic Medical Centers in ten of the most common destination communities for immigrants seeking asylum in this country.
Details: Joint project between UTRGV School of Medicine, Texas Children's Hospital/Baylor College of Medicine, Migrant Clinician Network and Catholic Charities of the Rio Grande Valley. The Network of Academic Medical Centers working with Migrant Clinician Network will provide access to primary care (family medicine, OB/Gyn and pediatric care) and sub-specialty care in their communities to recently immigrated families.

American Academy of Pediatrics Disaster Funding - $40,000 01/01/2019-12/31/2019
Funding to support Clinical Efforts at the Catholic Charities Rio Grande Valley Humanitarian Respite Center
Details: Joint project between UTRGV School of Medicine, Stanford University, Texas Children's Hospital/Baylor College of Medicine and Catholic Charities of the Rio Grande Valley. Texas Pediatric Society fiduciary. Funds to purchase medical supplies and over-the-counter medications for the Humanitarian Respite Clinic.

Anonymous Donor - $50,000 01/01/2019-12/31/2019
Program funding from foundation to sponsor Interviewing Immigrant Children in Detention: Developing Training Modules for Attorneys and Other Professionals
Details: Joint project between UTRGV Department of Pediatrics and Stanford University School of Medicine Department of Pediatrics to develop training modules in best practice models in interviewing children, who have been previously traumatized and are currently in U.S. governmental custody. These training modules are an effort to avoid re-traumatizing these children, while still obtaining needed documentation of the conditions within the detention facilities where children are held. The modules and evaluation results will be distributed nationally.

Proctor and Gamble - $9,960 01/01/17-12/31/17
Community for Children – A Program for Physicians-in-Training Developing Leaders Capable of Creating Positive Systemic Change
Details: Co-authored grant to support leadership development for medical trainees participating in Community for Children (CforC). The grant will fund travel of nine medical students and residents to present their advocacy work at national conferences. In addition, one outstanding fellow will receive intensive mentoring from CforC faculty, accompanying them to national meetings addressing human rights issues, enabling this fellow to dialogue with the highest levels of American Academy of Pediatrics' leadership. Information about Community for Children is available at www.communityforchildren.org.

American Academy of Pediatrics/CATCH Implementation Grant - $12,000 04/2013-03/2014
Details: Co-authored grant and was one of 13 proposals of 108 applications funded. Grant was to implement "Bikes for Tikes" a monthly health promotion program supervising bicycle rides along the City of Brownsville's new Hike & Bike trails, designed for children (6-12 yrs) and their families. Funds were used to purchase bicycles & helmets and healthy snacks for the project. This program was eventually integrated into the City's recreation department. Helmets were given to all participant children.

American Academy of Pediatrics- Mentorship and Technical Assistance Grant; $1,855 11/2010-11/2011
Details: Co-authored grant to obtain funds to support participation of professional meeting facilitator/evaluator at the inaugural meeting of Texas Medical Legal Partnerships.

American Academy of Pediatrics, 2007 CATCH Residency Training Funds; $10,000 03/2007-01/2009

Details: Co-Principal Investigator for development, implementation, and evaluation of curriculum for Community for Children International Elective.

SELECT PRESENTATIONS

Griffin M, Adjo J. (2020 April) Invited Speaker. *COVID Pandemic at Children's Hospitals: Understanding & Addressing Racial Disparities within Communities of Color,* Webinar. Children's Mercy Kansas City. Office of Equity & Diversity and Pediatric Bioethics Center. Kansas City, Kansas.

Griffin M, Kronick R, Sierra A. (2020 June – postponed to Fall due to COVID-19) Invited Speaker. *Protecting kids in unstable places: Pediatric Migrant Health at the North American Borders.* Canadian Paediatric Society 97th Annual Conference, Vancouver, Canada.

Griffin M. (2020 April – postponed to November due to COVID-19) Invited Speaker. *Children's Lives on the Border: 2014 to 2020 Stories from the Frontlines.* Stanford School of Medicine Department of Pediatrics Grand Rounds, Palo Alto, CA.

Griffin M, Sierra A. (2019 October) Invited Speaker. *Perspectives from Both Sides of the Border: Challenges for Pediatricians Caring for Children Emigrating from Mexico and U.S.* 2019 American Academy of Pediatrics National Conference and Exhibition, New Orleans, LA.

Griffin M, (2019 October) Invited Speaker. *Unaccompanied and Scared: Supporting Immigrant Families Children.* 2019 American Academy of Pediatrics National Conference and Exhibition, New Orleans, LA.

Griffin M, Pimentel N, Frye H, Fredericks K. (2019 September) Invited Panelist. *Responding to the Impact of Immigration Policy on Children and Families.* 2019 Compassion in Action Healthcare Conference, Boston, MA.

Griffin M, (2019 April) Invited Plenary Speaker. *Advocating for Immigrant Children: Perspectives from the Border.* American Academy of Pediatrics Legislative Conference. Washington, DC.

Griffin M, Son M. (2019 March) Invited Grand Rounds Speaker. *The Rights of a Child as Viewed through a Global Lens: Stories from the Frontlines.* Children's Mercy Hospital, Kansas City, KS.

Griffin M, Son M. (2019 March) Invited Speakers. *Ethical Considerations in Caring for the Global Child.* Bioethics Center, Children's Mercy Hospital, Kansas City, KS.

Griffin M, (2019 March) Invited Grand Rounds Speaker. *Immigration as seen from the Border: Stories from the Frontlines.* INOVA Fairfax Hospital for Children. Fairfax, VA.

Griffin M (2019 March) Invited Guest Speaker, *On Call on the Border: Coordinating Children's Care.* DC, Virginia, and Maryland Chapters of the American Academy of Pediatrics Spring Dinner and Symposium. Catholic University, Washington, DC.

Griffin M, (2019 March) Invited Leonard P. Rome CATCH Visiting Professor and Grand Rounds Speaker. *Coming to a Neighborhood Near You: Immigration Frontlines.* Meetings with community and school leaders regarding authentic engagement. Meeting with hospital administrators on the rights of a child and needed national health policy to protect immigrant children. Meeting with faculty regarding curriculum design to promote resilience in physicians-in-training. Children's National Medical Center. Washington, DC.

Griffin M, (2019 March) Invited Grand Rounds Speaker. *Immigration as seen from the Border: Stories from the Frontlines.* The University of Texas at Austin Dell School of Medicine. Austin, TX.

Griffin M, (2019 March) Invited Key Panelist, *Migration and displaced children: current issues and potential solution.* Coalition of Centers in Global Child Health, American Academy of Pediatrics, and the International Pediatric Association at the 10th Annual Consortium of Universities of Global Health conference this Satellite Session will focus on health and nutrition issues among migrant children around the world. Chicago, IL.

Griffin M, (2018 November) Invited Speaker. *Immigration as seen from the Border: The Urgent Need for a Network.* TEACH TX Collaborative Conference, Houston, TX.

Griffin M, (2018 October) Invited Speaker. *Immigration as seen from the Border: Stories from the Frontlines.* Yale Immigrant Health Initiative. Zoom Webinar. New Haven, CN.

Griffin M, (2018 October) Invited Guest Panelist, *Immigration Crisis: Impact on Families and Children's Health,* Association of Schools and Programs of Public Health Webinar: Academic Public Health and the Family Immigration Crisis.

Griffin M, (2018 October) Invited Key Panelist, Massachusetts General Hospital for Children's 2018 Summit for Pediatric Global Health, Boston, MA.

Griffin M, (2018 October) Invited Speaker. *Immigration as seen from the Border: Stories from the Frontlines.* Massachusetts General Hospital/Harvard School of Medicine Grand Rounds. Boston, MA.

Griffin M, (2018 April) Invited Speaker. *Trauma in Immigrant and Refugee Children.* Invited speaker, American Academy of Pediatrics Trauma-Informed Pediatric Provider Course, Houston, TX.

Griffin M, (2018 March) Invited Speaker. Unique *Healthcare Challenges in Immigrant and Refugee Children.* Invited speaker, American Academy of Pediatrics Advocacy Lecture for The Society of Pediatric Anesthesia, Pediatric Anesthesiology 2018 Conference., Phoenix, AZ.

Griffin M, (2017 November) *Immigrant and Refugee Children on the Border.* Invited speaker, 14th Annual Conference on Forensic Sciences: Child Abuse and Neglect, South Padre Island, TX.

Edwards K, ***Griffin M,*** Vandermeer R, (2017 October) *Caring for Immigrant Children: Opportunities and Challenges.* Invited speaker, Texas Pediatric Society Annual Meeting, Plano, TX.

Griffin M, (2017 July) *Immigrant and Refugee Children: Supporting Their Health and Development.* Pediatric Grand Rounds Presentation, Baylor College of Medicine Texas Children's Hospital, Houston, TX.

Fabreau G, ***Griffin M,*** Kimball SL, Marlin RP, Rashid M, Scales D, Shah SK, (2017 June) *Advocating for Change and Responding to Political Shifts: Policy Implications of the Recent Canadian and U.S. Elections.* North American Refugee Health Conference, Toronto, Canada.

Griffin M, *Linton JM, (2017 May) Immigrant Children Seeking Safe Haven – Stop the Detention of Children and Families.* Invited speaker. Presentation at the National Hispanic Medical Association 21st Annual Conference, Washington D.C.

Griffin M, (2017 March) *Undocumented Immigrant Children: Supporting their Health and Development.* Grand Rounds Presentation, University of Texas Health Science Center at San Antonio, San Antonio, TX.

Griffin M, (2016 October) *Undocumented Immigrant Children: Supporting Their Health and Development.* Invited speaker. Presidential Plenary Presentation at the American Academy of Pediatrics Annual Conference, San Francisco, CA.

Griffin, M., (2015 March) *Immigration and the Militarization of the Texas/Mexico border: It's effect on the health of children and families.* Invited speaker. Presentation to medical students from Stritch School of Medicine Loyola University Chicago, Chicago, IL.

Griffin, M., (2015 March) *Immigration and the Militarization of the Texas/Mexico border: A Violation of Human Rights.* Invited speaker. Presentation to law students from Loyola University Chicago School of Law, Brownsville, TX.

Griffin, M., (2015 March) *Children's Lives on the Border: The Effect of Chronic Stress on Children in our School: A Resource Guide for Texas School Nurse Organization.* Presentation to Texas School Nurse Organization Region One, Edinburg, TX.

Griffin, M., Seifert, M., Son, M, Livingston, J., & Fisch, S. (2015 October). *Children's Lives on the Texas/Mexico Border: A Pediatrician-led Community Response to Toxic Stress.* Poster presentation at AAP Annual Conference, Washington, DC.

Livingston, J., ***Griffin, M.,*** Brooks, A., Monserrat, C., & Son, M. (2014 October). *Transforming privilege in marginal spaces: Teaching medical students on the Texas/Mexico border.* Paper presented at the XI International Transformative Learning Conference, Teachers College, Columbia University, New York City.

Griffin, M., & Seifert, M. (2014 February). *Children's lives on the border: Strategic doing.* Summit meeting and workshops for 50 representatives from community-based organizations, legal institutions, schools, universities, churches, and synagogue, UTHSCSA Regional Academic Health Center/Community for Children, Harlingen Cultural Arts Center, Harlingen, TX.

Livingston, J., ***Griffin, M.***, Monserrat, C., & Coryell, J. (2013 November). *Preparing compassionate leaders: A novel approach in medical education.* Paper presented at American Association for Adult and Continuing Education, Lexington, KY.

Griffin, M., Son, M., Livingston, J., & Monserrat, C. (2012 October). Advocacy for children's health and social justice on the Texas/Mexico border. Poster presented at the AAP Annual Meeting, New Orleans, LA.

Griffin, M. (2012 February). *Social justice and medicine: Opportunities and challenges along the border.* Invited speaker. Presentation to the National Board of Directors, Migrant Health Promotion, February 2012, Weslaco, TX.

Griffin, M. (2012 January). *Roots of advocacy: Call to service among the poor.* Invited speaker. Presentation to Union Theological Seminary graduate students, Brownsville, TX.

Griffin, M. (2011 October). *Top five things a woman needs to know about health care.* Panel discussion including female physicians and lawyers about important legal issues impacting women and family health care, Regional Academic Health Center, UTHSCSA, Harlingen, TX.

Griffin, M., Livingston, J., Cass, A., Gutnik, L., & Stroik, J. (2011 July). *Community-based advocacy training: Strategies and tools for preparing pediatricians to meet the future.* Poster presentation at AAP Future of Pediatrics Conference, Chicago, IL.

Griffin, M., Son, M., Fisch, S., Livingston, J., Monserrat, C., & Seifert, M. (2009 February). *Community for Children: At the border and beyond.* Workshop presentation at the AAP Future of Pediatrics Conference, Anaheim, CA.

SELECT COMMUNITY/ACADEMIC PRESENTATIONS

Griffin M. (2019-2020 Academic Year) UTRGV School of Medicine Pediatric MSIV Elective: Community for Children. Design of Curriculum.

Griffin M. (2019-2020) Invited to assist with development of Global Health Tract for OB/Gyn Residents with focus on the Border.

Griffin M, Tapia B. (2019 Summer) UTRGV School of Medicine Summer Course: Immigration Status as a Social Determinant of Health. Design of Curriculum.

Griffin M. (2019 May) Invited Speaker for Preventive Medicine Residents. *Immigration as Seen from the Border: Stories from the Frontlines.* Edinburg TX.

Griffin M. (2019 May) Invited Speaker. *Stories from the Immigration Frontlines: Why It Should Matter to Us All.* UTRGV Neuroscience Research Seminar Series. Edinburg, TX.

Griffin M, Berry L. (2019-2020) *Acute Illnesses in Pediatrics.* UTRGV MSIII Didactic Sessions, Edinburg, TX.

Gomez, Y, ***Griffin M.*** (2018-2019) *Acute Illnesses in Pediatrics.* UTRGV MSIII Didactic Sessions, Edinburg, TX.

Griffin M, (2018-2020) *Advocacy in Pediatrics.* UTRGV MSIII Didactic Sessions, Edinburg TX.

Griffin M, (2018 December) Invited Speaker. *Immigration as a Social Determinant of Health Along the Border.* UTRGV Area Health Education Program Office's Continuing Education Seminars, "Healthcare Challenges Along the Border." Brownsville, TX.

Griffin M, (October 2018) Invited Speaker, *Immigration as seen from the Border: Impact on Health.* UTRGV AMA Chapter of Medical Students. Edinburg TX.

Griffin M, (2018-2020) *Access to Care: What Does This Mean?* UTRGV Mind, Behavior and Society Module. Edinburg, TX.

Rosenberg J, Sudanagunta S, ***Griffin M,*** (September 2018) *Food Security in Colonias of Hidalgo County, Texas: A Needs Assessment Analysis.* Poster Presentation at UTRGV Second Annual Research Symposium, Edinburg, TX.

Griffin M, (2018 August) Invited Speaker, *An Update on Immigration on the Border: Trauma in Immigrant Children.* Brownsville Independent School District School Nurses, Brownsville, TX.

Griffin M, (2018 February) *Providing Trauma-Informed Care to Immigrant Patients.* Presentation to Clinical Pastoral Education Interns, Valley Baptist Medical Center, Harlingen, TX.

SELECTED PUBLICATIONS

Rosenberg J, Sudanagunta S, **Griffin M.** Survey of Latino/Hispanic Adult Immigrants Living in the *Colonias* of Hidalgo County, Texas, Evaluating Reported Food Insecurity and Immigration-related Fear. (in collaboration with Proyecto Azteca) Journal of Applied Research on Children: Informing Policy for Children at Risk. 2019. Vol. 10: Iss. 1, Article 10.

Swamy P, Griffin MR, (2018 December) Supporting Our Immigrant Children. *American Professional Society on the Abuse of Children (APSAC) Advisor*. Volume 30: Issue 4.

Swamy P, Russell EA, Mandalakas AM, ***Griffin MR,*** Migrating Children: The Need for Comprehensive Integrated Health Prevention Measures. *Current Tropical Medicine Reports*. First Online: 16 April 2018.

Linton JM, Kennedy E, Shapiro AJ, ***Griffin M,*** Unaccompanied Children Seeking Safe Haven: Providing Care and Supporting Well-being of a Vulnerable Population. *Children & Youth Services Review*, available online March 26, 2018, DOI information: 10.1016/j.childyouth.2018.03.043.pending print publication.

Livingston JM, ***Griffin M,*** Developing professional identities and fostering resilience in medical students and residents: Transformative learning on the Texas-Mexico border. In T. Carter, C. Boden-McGill, & K. Peno (Eds.), *Transformative learning in professional contexts: Building resilient professional identities for work-based practice*. Charlotte, NC: Information Age Publishing: 2019.

Linton JM, ***Griffin M***, Shapiro AJ, AAP COUNCIL ON COMMUNITY PEDIATRICS. Detention of Immigrant Children. *Pediatrics*. 2017; 139(5): e20170483.

Linton JM, ***Griffin M***, Shapiro AJ. AAP policy says no child should be in detention centers or separated from parents. *AAP News*, March 13, 2017.

Griffin M, Linton JM. Crossing into a deeper understanding of care for immigrant patients. *AAP Voices Blog*. August 22, 2016.

Livingston, J., ***Griffin, M.***, Brooks, A., Son, M., Monserrat, C (2014). Transforming privilege in marginal spaces: Teaching medical students on the Texas-Mexico Border. In A. Nicolaides, & D. Holt (Eds.), *Spaces of transformation and transformation of spaces: Proceedings from the XI International Conference on Transformative Learning*, Teacher's College, Columbia University, New York City, (pp. 347-354). Athens, GA: University of Georgia.

Griffin M., Son, M., & Shapleigh, E. (2014). Children's lives on the border. *Pediatrics*, *133*(5), e1118-e1120.

RECENT SERVICE -Medical

Board Member and President, Community for Children, Incorporated	2015-present
Board Member, Migrant Clinician Network	2016-present
Member, Medical Advisory Committee, National Center for Medical Legal Partnership	2010-2011
Member, American Academy of Pediatrics (AAP)	2003-present
Member, AAP Council on Community Pediatrics	2010-present
Member, AAP Special Interest Group on International Medicine	2010-present
Member, AAP Special Interest Group on Immigrant Child Health	2014-present
Co-Chair, AAP Special Interest Group on Immigrant Child Health	2015-present
Executive Committee, AAP Council on Immigrant Child and Family Health	2019-present
Member, Texas Pediatric Society (TPS)	2006-present
Member, TPS Committee on Mental Health	2017-present
Member, TPS Community Health Advocacy/CATCH/School Health Committee	2017-present
Invited Member, Texas Advocacy TEACH Collaborative, Coalition of Texas Pediatric Residency Programs focused on training Pediatric Residents across the state to advocate for positive change for children.	2017-present

Fluent in English, Proficient in Spanish

DOCUMENT 2

Declaration of Dr. Jaimie Meyer

Pursuant to 28 U.S.C.§ 1746, I hereby declare as follows:

I. Background and Qualifications

1. I am Dr. Jaimie Meyer, an Assistant Professor of Medicine at Yale School of Medicine and Assistant Clinical Professor of Nursing at Yale School of Nursing in New Haven, Connecticut. I am board certified in Internal Medicine, Infectious Diseases and Addiction Medicine. I completed my residency in Internal Medicine at NY Presbyterian Hospital at Columbia, New York, in 2008. I completed a fellowship in clinical Infectious Diseases at Yale School of Medicine in 2011 and a fellowship in Interdisciplinary HIV Prevention at the Center for Interdisciplinary Research on AIDS in 2012. I hold a Master of Science in Biostatistics and Epidemiology from Yale School of Public Health.

2. I have worked for over a decade on infectious diseases in the context of jails and prisons. From 2008-2016, I served as the Infectious Disease physician for York Correctional Institution in Niantic, Connecticut, which is the only state jail and prison for women in Connecticut. In that capacity, I was responsible for the management of HIV, Hepatitis C, tuberculosis, and other infectious diseases in the facility. Since then, I have maintained a dedicated HIV clinic in the community for patients returning home from prison and jail. For over a decade, I have been continuously funded by the NIH, industry, and foundations for clinical research on HIV prevention and treatment for people involved in the criminal justice system, including those incarcerated in closed settings (jails and prisons) and in the community under supervision (probation and parole). I have served as an expert consultant on infectious diseases and women's health in jails and prisons for the UN Office on Drugs and Crimes, the Federal Bureau of Prisons, and others. I also served as an expert health witness for the US Commission on Civil Rights Special Briefing on Women in Prison.

3. I have written and published extensively on the topics of infectious diseases among people involved in the criminal justice system including book chapters and articles in leading peer-reviewed journals (including Lancet HIV, JAMA Internal Medicine, American Journal of Public Health, International Journal of Drug Policy) on issues of prevention, diagnosis, and management of HIV, Hepatitis C, and other infectious diseases among people involved in the criminal justice system. In making the following statements, I am not commenting on the particular issues posed this case. Rather, I am making general statements about the realities of persons in detention facilities, jails and prisons.

4. My C.V. includes a full list of my honors, experience, and publications, and it is attached as Exhibit A.

5. I was paid $1,000 for my time drafting an earlier version of this report filed in another case. I subsequently prepared this version of the report without receiving payment for my services.

6. I have not testified as an expert at trial or by deposition in the past four years.

II. Heightened Risk of Epidemics in Jails and Prisons

7. The risk posed by infectious diseases in jails and prisons is significantly higher than in the community, both in terms of risk of transmission, exposure, and harm to individuals who become infected. There are several reasons this is the case, as delineated further below.

8. Globally, outbreaks of contagious diseases are all too common in closed detention settings and are more common than in the community at large. Prisons and jails are not isolated from communities. Staff, visitors, contractors, and vendors pass between communities and facilities and can bring infectious diseases into facilities. Moreover, rapid turnover of jail and prison populations means that people often cycle between facilities and communities. People often need to be transported to and from facilities to attend court and move between facilities. Prison health is public health.

9. Reduced prevention opportunities: Congregate settings such as jails and prisons allow for rapid spread of infectious diseases that are transmitted person to person, especially those passed by droplets through coughing and sneezing. When people must share dining halls, bathrooms, showers, and other common areas, the opportunities for transmission are greater. When infectious diseases are transmitted from person to person by droplets, the best initial strategy is to practice social distancing. When jailed or imprisoned, people have much less of an opportunity to protect themselves by social distancing than they would in the community. Spaces within jails and prisons are often also poorly ventilated, which promotes highly efficient spread of diseases through droplets. Placing someone in such a setting therefore dramatically reduces their ability to protect themselves from being exposed to and acquiring infectious diseases.

10. Disciplinary segregation or solitary confinement is not an effective disease containment strategy. Beyond the known detrimental mental health effects of solitary confinement, isolation of people who are ill in solitary confinement results in decreased medical attention and increased risk of death. Isolation of people who are ill using solitary confinement also is an ineffective way to prevent transmission of the virus through droplets to others because, except in specialized negative pressure rooms (rarely in medical units if available at all), air continues to flow outward from rooms to the rest of the facility. Risk of exposure is thus increased to other people in prison and staff.

11. Reduced prevention opportunities: During an infectious disease outbreak, people can protect themselves by washing hands. Jails and prisons do not provide adequate opportunities to exercise necessary hygiene measures, such as frequent handwashing or use of alcohol-based sanitizers when handwashing is unavailable. Jails and prisons are often under-resourced and ill-equipped with sufficient hand soap and alcohol-based sanitizers for people detained in and working in these settings. High-touch surfaces (doorknobs, light switches, etc.) should also be cleaned and disinfected regularly with bleach to prevent virus spread, but this is often not done in jails and prisons because of a

lack of cleaning supplies and lack of people available to perform necessary cleaning procedures.

12. Reduced prevention opportunities: During an infectious disease outbreak, a containment strategy requires people who are ill with symptoms to be isolated and that caregivers have access to personal protective equipment, including gloves, masks, gowns, and eye shields. Jails and prisons are often under-resourced and ill-equipped to provide sufficient personal protective equipment for people who are incarcerated and caregiving staff, increasing the risk for everyone in the facility of a widespread outbreak.

13. Increased susceptibility: People incarcerated in jails and prisons are more susceptible to acquiring and experiencing complications from infectious diseases than the population in the community.[1] This is because people in jails and prisons are more likely than people in the community to have chronic underlying health conditions, including diabetes, heart disease, chronic lung disease, chronic liver disease, and lower immune systems from HIV.

14. Jails and prisons are often poorly equipped to diagnose and manage infectious disease outbreaks. Some jails and prisons lack onsite medical facilities or 24-hour medical care. The medical facilities at jails and prisons are almost never sufficiently equipped to handle large outbreaks of infectious diseases. To prevent transmission of droplet-borne infectious diseases, people who are infected and ill need to be isolated in specialized airborne negative pressure rooms. Most jails and prisons have few negative pressure rooms if any, and these may be already in use by people with other conditions (including tuberculosis or influenza). Resources will become exhausted rapidly and any beds available will soon be at capacity. This makes both containing the illness and caring for those who have become infected much more difficult.

15. Jails and prisons lack access to vital community resources to diagnose and manage infectious diseases. Jails and prisons do not have access to community health resources that can be crucial in identifying and managing widespread outbreaks of infectious diseases. This includes access to testing equipment, laboratories, and medications.

16. Jails and prisons often need to rely on outside facilities (hospitals, emergency departments) to provide intensive medical care given that the level of care they can provide in the facility itself is typically relatively limited. During an epidemic, this will not be possible, as those outside facilities will likely be at or over capacity themselves.

17. Health safety: As an outbreak spreads through jails, prisons, and communities, medical personnel become sick and do not show up to work. Absenteeism means that facilities can become dangerously understaffed with healthcare providers. This increases a number of risks and can dramatically reduce the level of care provided. As health systems inside facilities are taxed, people with chronic underlying physical and mental health conditions and serious medical needs may not be able to receive the care they need for these

[1] *Active case finding for communicable diseases in prisons*, 391 The Lancet 2186 (2018), https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31251-0/fulltext.

conditions. As supply chains become disrupted during a global pandemic, the availability of medicines and food may be limited.

18. Safety and security: As an outbreak spreads through jails, prisons, and communities, correctional officers and other security personnel become sick and do not show up to work. Absenteeism poses substantial safety and security risk to both the people inside the facilities and the public.

19. These risks have all been borne out during past epidemics of influenza in jails and prisons. For example, in 2012, the CDC reported an outbreak of influenza in 2 facilities in Maine, resulting in two inmate deaths.[2] Subsequent CDC investigation of 995 inmates and 235 staff members across the 2 facilities discovered insufficient supplies of influenza vaccine and antiviral drugs for treatment of people who were ill and prophylaxis for people who were exposed. During the H1N1-strain flu outbreak in 2009 (known as the "swine flu"), jails and prisons experienced a disproportionately high number of cases.[3] Even facilities on "quarantine" continued to accept new intakes, rendering the quarantine incomplete. These scenarios occurred in the "best case" of influenza, a viral infection for which there was an effective and available vaccine and antiviral medications, unlike COVID-19, for which there is currently neither.

III. Profile of COVID-19 as an Infectious Disease[4]

20. The novel coronavirus, officially known as SARS-CoV-2, causes a disease known as COVID-19. The virus is thought to pass from person to person primarily through respiratory droplets (by coughing or sneezing) but may also survive on inanimate surfaces. People seem to be most able to transmit the virus to others when they are sickest but it is possible that people can transmit the virus before they start to show symptoms or for weeks after their symptoms resolve. In China, where COVID-19 originated, the average infected person passed the virus on to 2-3 other people; transmission occurred at a distance of 3-6 feet. Not only is the virus very efficient at being transmitted through droplets, everyone is at risk of infection because our immune systems have never been exposed to or developed protective responses against this virus. A vaccine is currently in development but will likely not be able for another year to the

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[2] *Influenza Outbreaks at Two Correctional Facilities — Maine, March 2011*, Centers for Disease Control and Prevention (2012), https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6113a3.htm.

[3] David M. Reutter, *Swine Flu Widespread in Prisons and Jails, but Deaths are Few*, Prison Legal News (Feb. 15, 2010), https://www.prisonlegalnews.org/news/2010/feb/15/swine-flu-widespread-in-prisons-and-jails-but-deaths-are-few/.

[4] This whole section draws from Brooks J. Global Epidemiology and Prevention of COVID19, COVID-19 Symposium, Conference on Retroviruses and Opportunistic Infections (CROI), virtual (March 10, 2020); *Coronavirus (COVID-19)*, Centers for Disease Control, https://www.cdc.gov/coronavirus/2019-ncov/index.html; Brent Gibson, *COVID-19 (Coronavirus): What You Need to Know in Corrections*, National Commission on Correctional Health Care (February 28, 2020), https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections.

general public. Antiviral medications are currently in testing but not yet FDA-approved, so only available for compassionate use from the manufacturer. People in prison and jail will likely have even less access to these novel health strategies as they become available.

21. Most people (80%) who become infected with COVID-19 will develop a mild upper respiratory infection but emerging data from China suggests serious illness occurs in up to 16% of cases, including death.[5] Serious illness and death is most common among people with underlying chronic health conditions, like heart disease, lung disease, liver disease, and diabetes, and older age.[6] Death in COVID-19 infection is usually due to pneumonia and sepsis. The emergence of COVID-19 during influenza season means that people are also at risk from serious illness and death due to influenza, especially when they have not received the influenza vaccine or the pneumonia vaccine.

22. The care of people who are infected with COVID-19 depends on how seriously they are ill.[7] People with mild symptoms may not require hospitalization but may continue to be closely monitored at home. People with moderate symptoms may require hospitalization for supportive care, including intravenous fluids and supplemental oxygen. People with severe symptoms may require ventilation and intravenous antibiotics. Public health officials anticipate that hospital settings will likely be overwhelmed and beyond capacity to provide this type of intensive care as COVID-19 becomes more widespread in communities.

23. COVID-19 prevention strategies include containment and mitigation. Containment requires intensive hand washing practices, decontamination and aggressive cleaning of surfaces, and identifying and isolating people who are ill or who have had contact with people who are ill, including the use of personal protective equipment. Jails and prisons are totally under-resourced to meet the demand for any of these strategies. As infectious diseases spread in the community, public health demands mitigation strategies, which involves social distancing and closing other communal spaces (schools, workplaces, etc.) to protect those most vulnerable to disease. Jails and prisons are unable to adequately provide social distancing or meet mitigation recommendations as described above.

24. The time to act is now. Data from other settings demonstrate what happens when jails and prisons are unprepared for COVID-19. News outlets reported that Iran temporarily

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[5] *Coronavirus Disease 2019 (COVID-19): Situation Summary*, Centers for Disease Control and Prevention (March 14, 2020), https://www.cdc.gov/coronavirus/2019-ncov/summary.html.

[6] *Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study.* The Lancet (published online March 11, 2020), https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30566-3/fulltext

[7] *Coronavirus Disease 2019 (COVID-19): Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease*, Centers for Disease Control and Prevention (March 7, 2020), https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html.

released 70,000 prisoners when COVID-19 started to sweep its facilities.[8] To date, few state or federal prison systems have adequate (or any) pandemic preparedness plans in place.[9] Systems are challenged to respond to COVID-19 guidelines that are modified on a near-daily basis. It may be impossible to adequately respond to the COVID-19 pandemic, while also respecting the rights and dignity of people who are incarcerated.

IV. Possible Risks of COVID-19 in ICE Detention Facilities

25. Based on my experience working on public health in jails and prisons, I can make the following general statements about how the COVID-19 outbreak will interact with and exacerbate conditions that may exist in some detention centers.

26. Any delays in access to care that already exist in normal circumstances will only become worse during an outbreak, making it especially difficult for the facilities to contain any infections and to treat those who are infected.

27. Failure to provide individuals with continuation of the treatment they were receiving in the community, or even just interruption of treatment, for chronic underlying health conditions will result in increased risk of morbidity and mortality related to these chronic conditions.

28. Failure to provide individuals adequate medical care for their underlying chronic health conditions results in increased risk of COVID-19 infection and increased risk of infection-related morbidity and mortality if they do become infected.

29. People with underlying chronic mental health conditions need adequate access to treatment for these conditions throughout their period of detention. Failure to provide adequate mental health care, as may happen when health systems in jails and prisons are taxed by COVID-19 outbreaks, may result in poor health outcomes. Moreover, mental health conditions may be exacerbated by the stress of incarceration during the COVID-19 pandemic, including isolation and lack of visitation.

30. Failure to keep accurate and sufficient medical records will make it more difficult for facilities to identify vulnerable individuals in order to both monitor their health and protect them from infection. Inadequate screening and testing procedures in facilities increase the widespread COVID-19 transmission.

31. Language barriers will similarly prevent the effective identification of individuals who are particularly vulnerable or may have symptoms of COVID-19. Similarly, the failure to

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[8] *Iran temporarily releases 70,000 prisoners as coronavirus cases surge*, Reuters (March 9, 2020), https://www.reuters.com/article/us-health-coronavirus-iran/iran-temporarily-releases-70000-prisoners-as-coronavirus-cases-surge-idUSKBN20W1E5.

[9] Luke Barr & Christina Carrega, *State prisons prepare for coronavirus but federal prisons not providing significant guidance, sources say*, ABC News (March 11, 2020), https://abcnews.go.com/US/state-prisons-prepare-coronavirus-federal-prisons-providing-significant/story?id=69433690.

provide necessary aids to individuals who have auditory or visual disabilities could also limit the ability to identify and monitor symptoms of COVID-19.

32. Facilities with a track record of neglecting individuals with acute pain and serious health needs under ordinary circumstances are more likely to be ill-equipped to identify, monitor, and treat a COVID-19 epidemic.

33. Similarly, facilities with a track record of failing to adequately manage single individuals in need of emergency care are more likely to be seriously ill-equipped and under-prepared when a number of people will need urgent care simultaneously, as would occur during a COVID-19 epidemic.

34. For individuals in facilities that have experienced these problems in the past, the experience of an epidemic and the lack of care while effectively trapped can itself be traumatizing, compounding the trauma of incarceration.

V. Conclusion and Recommendations

35. Reducing the size of the population in jails and prisons can be crucially important to reducing the level of risk both for those within those facilities and for the community at large. As such, from a public health perspective, it is my recommendation that individuals who can safely and appropriately remain in the community not be placed in ICE detention facilities at this time. I also recommend that individuals who are already in these facilities should be evaluated for release.

36. This is more important still for individuals with preexisting conditions (e.g., heart disease, chronic lung disease, chronic liver disease, suppressed immune system, diabetes) or who are over the age of 65.

37. Health in jails and prisons is community health. Protecting the health of individuals who are detained in and work in these facilities is vital to protecting the health of the wider community.

I declare under penalty of perjury that the foregoing is true and correct.

March 23, 2020
New Haven, Connecticut

Dr. Jaimie Meyer

DOCUMENT 3

University of Colorado
Anschutz Medical Campus

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March 19, 2020

To Whom It May Concern:

The Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), is a newly emerging zoonotic agent initially identified in December 2019 that causes the Coronavirus Disease 2019 (COVID-19), formerly known as the 2019 novel Coronavirus (2019nCoV). Infection with COVID-19 is associated with significant morbidity especially in patients with chronic medical conditions. Based on a recently published systematic review of the literature in which I am a co-author of the study, at least one fifth of infected cases require supportive care in medical intensive care units. Equally concerning is the fact that despite the implementation of optimal supportive interventions, case fatality rate among hospitalized patients is more than 10 percent.

As an infectious disease clinician with a public health degree in the dynamics of infectious diseases epidemics and pandemics, I am concerned about the treatment of immigrants inside detention centers which could make the current COVID-19 epidemic worse in the U.S. by having a high case fatality rate among detainees and potentially spreading the outbreak into the larger community. This epidemic has the potential to become the Coming Prison Plague.

Experience Working with People in DHS Custody

I have experience providing care to individuals in a civil detention center and have performed approximately two medical forensic examinations and fifteen medical second opinion evaluations for patients in the custody of the Department of Homeland Security. Based on my conversations with patients, my own observations, and information that exists regarding the resources available within immigration detention facilities as detailed by the ICE Health Services Corps, it is my professional opinion that the medical care available in DHS custody cannot properly accommodate the needs of patients should there be an outbreak of COVID-19 in an immigration detention facility.

Persons Considered High Risk

People who are considered at high risk of severe illness and death should they be infected with the coronavirus include the following:

- People age 50 or older
- Anyone diagnosed with cancer, autoimmune disease (including lupus, rheumatoid arthritis, psoriasis, Sjogren's, Crohn's), chronic lung disease (including asthma, COPD, bronchiectasis, idiopathic pulmonary fibrosis), history of cardiovascular disease (MI), chronic arthritis (rheumatoid, psoriatic), chronic liver or kidney disease, diabetes, hypertension, heart failure, HIV, chronic steroids to treat chronic conditions
- People with a history of smoking

I can also certify that many of the detainees from the Aurora Immigration detention facility that I have cared for as an infectious diseases clinician either at the infectious diseases clinic and inpatient hospital services of the Anschutz Medical Center of the University of Colorado or while performing second opinion evaluations within the Aurora detention facility have chronic medical conditions that place them at high risk of developing severe coronavirus disease and potentially dying from this infection. Some of these medical conditions include HIV/AIDS, uncontrolled diabetes mellitus, chronic obstructive pulmonary disease, and other conditions. Many of them are also malnourished due to poorly nutritional diets.

Risk Factors Present in Immigration Detention

Detention of any kind allows for large groups of people to be held together in a confined space and creates the worst type of setting for curbing the spread of a highly contagious infection such as COVID-19. Under the current circumstances, incomplete adherence to infection prevention protocols including the appropriate use of personal protective equipment is insufficient to contain the spread of this disease.

In order to adequately contain any type of outbreak, there must be sufficient resources allocated to determining the risk of infection. Namely, the facility should be testing people who are symptomatic in order to determine whether they have COVID-19. Based on news reports, it is my understanding that DHS is not testing people in its custody. The effective institution of interventions to mitigate an outbreak will fail without having the ability to test those infected inside detention centers.

Should an outbreak occur, the number of isolation rooms in a given detention facility is insufficient to comply with the recommended airborne/droplet isolation guidelines. Another important consideration that complicates disinfection and decontamination practices in detention facilities is the ability of this coronavirus to survive in aerosol and metal surfaces which are highly prevalent security materials. The current outbreak requires multiple routine disinfection and decontamination of all surfaces of the facility. With a large population of detainees and staff coming in and out of any given facility, it is highly unlikely to maintaining optimal infection prevention practices.

Responding to this outbreak calls for highly-trained staff to correctly institute and enforce isolation and quarantine procedures, and to have the training to wear personal protective equipment. It is required that during the outbreak, sufficient nursing and medical staff need to be trained in infection control prevention practices, in implementing triage protocols, and adequate training in the medical management of suspect, probable and confirmed cases of coronavirus infection. This same personnel would have to initiate the management of those with severe disease. Since these are closed facilities, the number of exposed, infected, and ill detainees may prove to rapidly overwhelm staff and resources within a detention center. As a result, many patients would need transfer to hospitals near detention centers potentially overwhelming surrounding healthcare systems which are already functioning at full-capacity caring for the general community.

Likely Outcome if COVID-19 Spreads in Immigration Detention

Given the large population density of immigration detention centers, and the ease of transmission of this viral pathogen, the attack rate may take exponential proportions. Behind the walls of a detention center, the basic reproductive rate of the infection ($R_{0=2}$) may be responsible for infecting between 30-50% of detainees and staff within a facility. Of these one-fifth will require hospital admission, and about 10% will develop severe disease requiring intensive care unit. For an immigration detention center that holds 1500 detainees, we can estimate that 500-650 may acquire the infection. Of these, 100 to 150 individuals may develop severe disease potentially requiring admission to an intensive care unit. Of these, 10-15 individuals may die from respiratory failure. The cost of care of in the intensive care unit is in the order of $5000 to $8,000 dollars per day for those requiring mechanical ventilation.

Risk Minimization Through Release from Detention

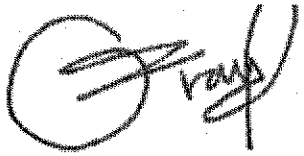
In contrast, releasing those in the high risk age groups and those with underlying medical conditions with lessen the impact of an outbreak of COVID-19. The main reason is that those in these groups at risk carry the highest concentration of virus in their respiratory secretions and act as human incubators of the virus. Additionally, by having a reduced number of people and held together in a confined space, there is a reduced number of networks of transmission of the infection. This intervention is the public interest since the release people from detention will minimize the number of people infected with COVID-19 that may potentially spread to the surrounding communities around detention centers.

Conclusion

Besides the humanitarian premise and the moral justification for the release of detainees in the midst of the ongoing epidemic in the U.S., the potential medical impact that COVID-19 may produce among detainees may become devastating and require major financial

investment by ICE. Therefore, anticipating the impact of this epidemic inside immigration detention facilities justifies exploring alternative strategies to reduce its impact in U.S. soil. **The prompt release on parole of detainees with medical conditions at risk of severe disease and death due to coronavirus infection may reduce the impact of this outbreak among detention facilities. This intervention may also effectively reduce the potential spillover of the outbreak from a detention center into the community.**

Sincerely,



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Revised: 03/16/2020

PERSONAL INFORMATION

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U.S. Citizen and Mexican Citizen
Languages: English and Spanish

CURRENT PROFESSIONAL POSITION AND ACTIVITIES:

- Associate Professor of Medicine, Division of Infectious Diseases, University of Colorado Denver School of Medicine, Anschutz Medical Campus and Infectious Diseases (July 2018 - ongoing).
- Fellowship Program Director, Division of Infectious Diseases, University of Colorado Denver School of Medicine, Anschutz Medical Campus (March 2019- ongoing).

EDUCATION

1989 -1995	M.D. - La Salle University School of Medicine, Mexico City, Mexico
1996-1999	Internship and Residency in Internal Medicine, Emory University School of Medicine Affiliated Hospitals, Atlanta, GA
1999-2002	Fellowship in Infectious Diseases, Emory University School of Medicine Affiliated Hospitals, Atlanta, GA
1999-2002	Fellow in AIDS International Training and Research Program, NIH Fogarty Institute, Rollins School of Public Health, Emory University, Atlanta, GA
1999 - 2002	Masters Degree in Public Health (M.P.H.) Rollins School of Public Health, Emory University, Atlanta, GA, Global Health Track
2001-2002	Chief Medical Resident, Grady Memorial Hospital, Emory University School of Medicine, Atlanta, GA
2006	Diploma Course in Tropical Medicine, Gorgas. University of Alabama, Birmingham and Universidad Cayetano Heredia, Lima Peru

CERTIFICATIONS

1999-Present	Diplomat in Internal Medicine American Board of Internal Medicine (Recertification 11/2010-11/2020)
2001-present	Diplomat in Infectious Diseases, American Board of Internal Medicine, Infectious Diseases Subspecialty (Recertification 04/2011-04/2021)
2005-present	Travel Medicine Certification by the International Society of Travel Medicine
2007-present	Tropical Medicine Certification by the American Society of Tropical Medicine – Diploma in Tropical Medicine and Hygiene (DTMH - Gorgas)

EMPLOYMENT HISTORY:

- 2002 - 2004 - Advisor to the Director of the National Center for Child and Adolescent Health and of the National Immunization Council (NIP), Ministry of Health Mexico; my activities included critical review of current national health plans on vaccination, infectious diseases, soil-transmitted helminthic control programs; meningococcal disease outbreaks in the jail system, an outbreak of imported measles in 2003-2004 and bioterrorism and influenza pandemic preparedness. I represented the NIP at meetings of the Global Health Security Action Group preparation of National preparedness and response plans for Mexico
- 2005 – 2011- Co-Director Travel Well Clinic, Emory University
  Emory Midtown Hospital
- 2004- 8/2009 -Assistant Professor of Medicine
  Department of Medicine, Division of Infectious Diseases
  Emory University School of Medicine, Atlanta GA
- 3/2008-10/2009 Consultant WHO, HQ, Geneva, Influenza Vaccine
- 9/2009- 3/2011 Associate Professor of Medicine
  Department of Medicine, Division of Infectious Diseases
  Emory University School of Medicine, Atlanta GA
- 1/2007 – 3/2011 Assistant Professor of Public Health
  Hubert Department of Global Health
  Rollins School of Public Health, Emory University, Atlanta GA
- 4/2011 –5/2013 - Associate Professor of Public Health in Global Health
  Hubert Department of Global Health
  Rollins School of Public Health, Emory University, Atlanta GA
- 2010 - WHO HQ Consultant for a 4-month-period on the Deployment of H1N1 influenza vaccine in the African Region, Jan to March 2010, Switzerland Geneva, WHO HQ 2010 sponsored by John Snow Inc. USAID, Washington, D.C.
- 2014-2015 - Consultant International Association of Immunization Managers, Regional Meeting of the Middle Eastern and North African Countries and Sub Saharan Africa, held in Durban South Africa, Sept 2014; and as rapporteur of the Inaugural Conference, 3-4 March 2015, Istanbul, Turkey.
- 3/2011- 5/2017 - Phoebe Physician Group –Infectious Diseases Clinician Phoebe Putney Memorial Hospital, Albany, GA.
- 5/2015 - 9/2015 - Consultant Surveillance of Enteric Fever in Asia (Pakistan, Indonesia, Bangladesh, Nepal, India) March 2015-October 2015.
- June 19, 2017-June 31, 2018–Visiting Associate Professor of Medicine, Division of Infectious Diseases, University of Colorado Denver, Anschutz Medical Campus
- June 2004- present - Adjunct Professor of Pediatrics, Division of Clinical Research, Hospital Infantil de México, Federico Gómez, México City, México. Investigador Nacional Nivel II, Sistema Nacional de Investigadores (12/2019); SNI III Sistema Nacional de Investigadores (1/2020-); Investigador Clínico Nivel E, Sistema Nacional de Hospitales

HONORS AND AWARDS

1995	Top Graduating Student, La Salle School of Medicine
1997	Award for Academic Excellence in Internal Medicine, EUSM
1999	Alpha Omega Alpha (AOA) House staff Officer, EUSM
2002	Pillar of Excellence Award. Fulton County Department of Health and Wellness Communicable Disease Prevention Branch, Atlanta GA
2002	Emory University Humanitarian Award for extraordinary service in Leadership Betterment of the Human Condition the Emory University Rollins School of Public Health
2002	Winner of the Essay Contest on the Health of Developing Countries: Causes and Effects in Relation to Economics or Law, sponsored by the Center for International Development at Harvard University and the World Health Organization Commission on Macroeconomics Health with the essay "*Infectious Diseases, Non-zero Sum Thinking and the Developing World*"
2002	*"James W. Alley"* Award for Outstanding Service to Disadvantaged Populations, Rollins School of Public Health of Emory University May 2002. Received during Commencement Ceremony Graduation to obtain the Degree of Masters in Public Health
2006	Golden Apple Award for Excellence in Teaching, Emory University, School of Med
2006	Best Conference Award Conference, *"Juha Kokko"* Best Conference Department of Medicine, EUSM
2007	*"Jack Shulman"* Award Infectious Disease fellowship, Excellence in Teaching Award, Division of Infectious Diseases, EUSM
2007	Emerging Threats in Public Health: Pandemic Influenza CD-ROM, APHA's Public Health Education and Health Promotion Section, Annual Public Health Materials Contest award
2009	National Center for Preparedness, Detection, and Control of Infectious Diseases. Honor Award Certificate for an exemplary partnership in clinical and epidemiologic monitoring of illness related to international travel. NCPDCID Recognition Awards Ceremony, April 2009. CDC, Atlanta, GA
2012	The ISTM Awards Committee, directed by Prof. Herbert DuPont, selected the article "Rethinking typhoid fever vaccines" in the Journal of Travel Medicine (Best Review Article)
2012	Best Clinical Teacher. Albany Family Medicine Residency Program
2018	Outstanding Educator Award – Infectious Diseases Fellowship, Division of Infectious Diseases, University of Colorado, Anschutz Medical Center, Aurora Colorado

EDITORSHIP AND EDITORIAL BOARDS

2007-Present	Deputy/Associate Editor PLoS Neglected Tropical Disease Public Library of Science
2017-2018	Deputy Editor, Annals of Clinical Microbiology and Antimicrobials BMC
2007-2019	Core Faculty International AIDS Society-USA -Travel and Tropical Medicine/HIV/AIDS

INTERNATIONAL COMMITTEES

2018- Member of the Examination Committee of the International Society of Travel Medicine.

Developing Examination Questions and Proctoring the Certificate in Traveler's Health Examination
Proctor Certificate of Traveler's Health Examination (CTH) as part of the International Society of Travel Medicine– 12th Asia-Pacific Travel Health Conference, Thailand 21-24 March 2019
Proctor Certificate of Traveler's Health Examination (CTH), Atlanta, GA, September, 2019

PRESENTATIONS AT NATIONAL/INTERNATIONAL MEETINGS

2017- Meeting of the Colombian Society of Infectious Diseases, August 2017:
Discussion of Clinical Cases Session, Influenza, MERS-Coronavirus, Leprosy, Enteric Fever
2018 – Cutaneous Mycobacterial Diseases, Universidad Cayetano Heredia,
Lima, Peru, Mayo 2018
2018 – Scientific Writing Seminar, ACIN, Pereira, Colombia, August 2-4, 2018
2019 – First International Congress of Tropical Diseases ACINTROP 2019. March 21, 2019, Monteria, Colombia, Topic: Leishmaniasis
2019 – One Health Symposium of Zoonoses, Pereira Colombia, August 16-17, 2019, Topic: Zoonotic Leprosy
2019 – Congress Colombian Association of Infectious Diseases (ACIN), Topic: Leprosy in Latin America, Cartagena, Colombia, August 21-24, 2019
2019 – World Society Pediatric Infectious Diseases, Manila Philippines, November 7-9, 2019 - Tropical Medicine Symposium: Diagnosis, Treatment, and Prevention of Leprosy.
2019 – FLAP. Federacion Latino Americana de Parasitologia, Panama, Panama, November 26, 2019, Oral Transmission of Leprosy Symposium
2019 – FLAP. Federacion Latino Americana de Parasitologia, Panama, Panama, November 27, 2019, Leprosy Situation in the Americas.

PUBLICATIONS

BOOKS

Franco-Paredes C, Santos-Preciado JI. Neglected Tropical Diseases in Latin America and the Caribbean, Springer-Verlag, 2015. ISBN-13: 978-3709114216 ISBN-10: 3709114217
Franco-Paredes C. Core Concepts in Clinical Infectious Diseases, Academic Press, Elsevier, March 2016. ISBN: 978-0-12-804423-0

RESEARCH ORIGINAL ARTICLES (clinical, basic science, other) in refereed journals:

1. Del Rio C, **Franco-Paredes C**, Duffus W, Barragan M, Hicks G. Routinely Recommending HIV Testing at a Large Urban Urgent-Care Clinic – Atlanta, GA. *MMWR Morbid Mortal Wkly Rep* 2001; 50:538-541.
2. Del Rio C, Barragán M, **Franco-Paredes C**. *Pneumocystis carinii* Pneumonia. *N Engl J Med* 2004; 351:1262-1263.
3. Barragan M, Hicks G, Williams M, **Franco-Paredes C**, Duffus W, Del Rio C. Health Literacy is Associated with HIV Test Acceptance. *J Gen Intern Med* 2005; 20:422-425.
4. Rodriguez-Morales A, Arria M, Rojas-Mirabal J, Borges E, Benitez J, Herrera M, Villalobos C, Maldonado A, Rubio N, **Franco-Paredes C**. Lepidopterism Due to the Exposure of the Moth *Hylesia metabus* in Northeastern Venezuela. *Am J Trop Med Hyg* 2005; 73:991-993.
5. Rodriguez-Morales A, Sánchez E, Arria M, Vargas M, Piccolo C, Colina R, **Franco-Paredes C**. White Blood Cell Counts in *Plasmodium vivax*. *J Infect Dis* 2005; 192:1675-1676.

6. **Franco-Paredes C**, Nicolls D, Dismukes R, Kozarsky P. Persistent Tropical Infectious Diseases among Sudanese Refugees Living in the US. *Am J Trop Med Hyg* 2005; 73: 1.
7. Osorio-Pinzon J, Moncada L, **Franco-Paredes C**. Role of Ivermectin in the Treatment of Severe Orbital Myiasis Due to *Cochliomyia hominivorax*. *Clin Infect Dis* 2006; 3: e57-9.
8. Rodriguez-Morales A, **Franco-Paredes C**. Impact of *Plasmodium vivax* Malaria during Pregnancy in Northeastern Venezuela. *Am J Trop Med Hyg* 2006; 74:273-277.
9. Rodriguez-Morales A, Nestor P, Arria M, **Franco-Paredes C**. Impact of Imported Malaria on the Burden of Malaria in Northeastern Venezuela. *J Travel Med* 2006; 13:15-20.
10. Rodríguez-Morales A, Sánchez E, Vargas M, Piccolo C, Colina R, Arria M, **Franco-Paredes C.** Is anemia in *Plasmodium vivax* More Severe and More Frequent than in *Plasmodium falciparum?* *Am J Med* 2006; 119:e9-10.
11. Hicks G, Barragan M, **Franco-Paredes C**, Williams MV, del Rio C. Health Literacy is a Predictor of HIV Knowledge. *Fam Med J* 2006; 10:717-723.
12. Cardenas R, Sandoval C, Rodriguez-Morales A, **Franco-Paredes C**. Impact of Climate Variability in the Occurrence of Leishmaniasis in Northeastern Colombia. *Am J Trop Med Hyg* 2006; 75:273-7.
13. **Franco-Paredes C**, Nicolls D, Dismukes R, Wilson M, Jones D, Workowski K, Kozarsky P. Persistent and Untreated Tropical Infectious Diseases among Sudanese Refugees in the US. *Am J Trop Med Hyg* 2007; 77:633-635.
14. Rodríguez-Morales AJ, Sanchez E, Arria M, Vargas M, Piccolo C, Colina R, **Franco-Paredes C**. Hemoglobin and haematocrit: The Threefold Conversion is also Non Valid for Assessing Anaemia in *Plasmodium vivax* Malaria-endemic Settings. *Malaria J* 2007; 6:166.
15. **Franco-Paredes C**, Jones D, Rodriguez-Morales AJ, Santos-Preciado JI. Improving the Health of Neglected Populations in Latin America. *BMC Public Health* 2007; 7.
16. Kelly C, Hernández I, **Franco-Paredes C**, Del Rio C. The Clinical and Epidemiologic Characteristics of Foreign-born Latinos with HIV/AIDS at an Urban HIV Clinic. *AIDS Reader* 2007; 17:73-88.
17. Hotez PJ, Bottazzi ME, **Franco-Paredes C**, Ault SK, Roses-Periago M. The Neglected Tropical Diseases of Latin America and the Caribbean: Estimated Disease Burden and Distribution and a Roadmap for Control and Elimination. *PLoS Negl Trop Dis* 2008; 2:e300.
18. Tellez I, Barragan M, Nelson K, Del Rio C, **Franco-Paredes C**. *Pneumocystis jiroveci* (PCP) in the Inner City: A Persistent and Deadly Pathogen. *Am J Med Sci* 2008; 335:192-197.
19. Rodriguez-Morales AJ, Olinda, **Franco-Paredes C**. Cutaneous Leishmaniasis Imported from Colombia to Northcentral Venezuela: Implications for Travel Advice. *Trav Med Infect Dis* 2008; 6(6): 376-9.
20. Jacob J, Kozarsky P, Dismukes R, Bynoe V, Margoles L, Leonard M, Tellez I, **Franco-Paredes C**. Five-Year Experience with Type 1 and Type 2 Reactions in Hansen's Disease at a US Travel Clinic. *Am J Trop Med Hygiene* 2008; 79:452-454.
21. Delgado O, Silva S, Coraspe V, Ribas MA, Rodriguez-Morales AJ, Navarro P, **Franco-Paredes C**. Epidemiology of Cutaneous Leishmaniasis in Children and Adolescents in Venezuela. *Trop Biomed.* 2008; 25(3):178-83.
22. **Franco-Paredes C**, Lammoglia L, Hernandez I, Santos-Preciado JI. Epidemiology and Outcomes of Bacterial Meningitis in Mexican Children: 10-Years' Experience (1993-2003). *Int J Infect Dis* 2008; 12:380-386.
23. Pedroza A, Huerta GJ, Garcia ML, Rojas A, Lopez I, Peñagos M, **Franco-Paredes C**, Deroche C, Mascareñas C. The Safety and Immunogenicity of Influenza Vaccine in Children with Asthma in Mexico. *Int J Infect Dis* 2009; 13(4): 469-75.
24. Museru O, **Franco-Paredes C**. Epidemiology and Outcomes of Hepatitis B Virus Infection among Refugees Seen at U.S. Travel Medicine Clinic: 2005-2008. *Travel Med Infect Dis* 2009; 7: 171-179.

25. Rodriguez-Morales AJ, Olinda M, **Franco-Paredes C**. Imported Cases of Malaria Admitted to Two Hospitals of Margarita Island, Venezuela: 1998-2005. *Travel Med Infect Dis* 2009: (1): 48-45.
26. Kelley CF, Checkley W, Mannino DM, **Franco-Paredes C**, Del Rio C, Holguin F. Trends in Hospitalizations for AIDS-associated *Pneumocystis jiroveci* Pneumonia in the United States (1986-2005). *Chest* 2009; 136(1): 190-7.
27. Carranza M, Newton O, **Franco-Paredes C**, Villasenor A. Clinical Outcomes of Mexican Children with Febrile Acute Upper Respiratory Infection: No Impact of Antibiotic Therapy. *Int J Infect Dis* 2010; 14(9): e759-63.
28. Museru O, Vargas M, Kinyua M, Alexander KT, **Franco-Paredes C,** Oladele A. Hepatitis B Virus Infection among Refugees Resettled in the U.S.: High Prevalence and Challenges in Access to Health Care. *J Immigrant Minor Health* 2010;
29. Moro P, Thompson B, Santos-Preciado JI, Weniger B, Chen R, **Franco-Paredes C.** Needlestick Injuries in Mexico City sanitation workers. *Revista Panamericana de Salud Pública/Pan American Journal of Public Health* 2010; 27 (6): 467-8.
30. Barragan M, Holtz M, **Franco-Paredes C**, Leonard M. The Untimely Misfortune of Tuberculosis Diagnosis at time of Death. *Infect Dis Clin Pract* 2010; 18(6):1-7.
31. Hochberg N, Armstrong W, Wang W, Sheth A, Moro R, Montgomery S, Steuer F, Lennox J, **Franco-Paredes C**. High Prevalence of Persistent Parasitic Infections in Foreign-born HIV-infected Persons in the United States. *PLoS Neglect Dis* 2011; 5(4): e1034.
32. Larocque RC, Rao SR, Lee J, Ansdell V, Yates JA, Schwartz BS, Knouse M, Cahill J, Hagmann S, Vinetz J, Connor BA, Goad JA, Oladele A, Alvarez S, Stauffer W, Walker P, Kozarsky P, **Franco-Paredes C**, Dismukes R, Rosen J, Hynes NA, Jacquerioz F, McLellan S, Hale D, Sofarelli T, Schoenfeld D, Marano N, Brunette G, Jentes ES, Yanni E, Sotir MJ, Ryan ET; the Global TravEpiNet Consortium. Global TravEpiNet: A National Consortium of Clinics Providing Care to International Travelers--Analysis of Demographic Characteristics, Travel Destinations, and Pretravel Healthcare of High-Risk US International Travelers, 2009-2011. *Clin Infect Dis*. 2012; 54(4):455-462.
33. Espinosa-Padilla SE, Murata C, Estrada-Parra S, Santos-Argumendo L, Mascarenas C, **Franco-Paredes C**, Espinosa-Rosales FJ. Immunogenicity of a 23-valent pneumococcal polysaccharide vaccine among Mexican children. *Arch Med Res* 2012;
34. Harris JR, Lockhart SR, Sondermeyer G, Vugia DJ, Crist MB, D'Angelo MT, Sellers B, **Franco-Paredes C**, Makvandi M, Smelser C, Greene J, Stanek D, Signs K, Nett RJ, Chiller T, Park BJ. *Cryptococcus gattii* infections in multiple states outside the US Pacific Northwest. *Emerg Infect Dis*. 2013; 19 (10):1620-6.
35. **Franco-Paredes C**. Aerobic actinomycetes that masquerade as pulmonary tuberculosis. Bol Med Hosp Infant Mex 2014; 71(1): 36-40.
36. Chastain DB, Ngando I, Bland CM, **Franco-Paredes C**, and Hawkins WA. Effect of the 2014 Clinical and Laboratory Standard Institute urine-specific breakpoints on cefazolin susceptibility rates at a community teaching hospital. *Ann Clin Microbiol Antimicrob* 2017; 16(1): 43.
37. Kashef Hamadani BH, **Franco-Paredes C**, MCollister B, Shapiro L, Beckham JD, Henao-Martinez AF. Cryptococcosis and cryptococcal meningitis- new predictors and clinical outcomes at a United States Academic Medical Center. *Mycoses* 2017; doi: 10.1111/myc.12742.
38. Chastain DB, **Franco-Paredes C**, Wheeler SE, Olubajo B, Hawkins A. Evaluating Guideline Adherence regarding Empirical Vancomycin use in patients with neutropenic fever. *Int J Infect Dis* 2018; Feb 22. pii: S1201-9712(18)30052-3. doi: 10.1016/j.ijid.2018.02.016. PMID: 29477362
39. Parra-Henao G, Amioka E, **Franco-Paredes C**, Colborn KL, Henao-Martinez AF. Heart failure symptoms and ecological factors as predictors of Chagas disease among indigenous communities in the Sierra

Nevada de Santa Marta, Colombia. *J Card Fail* 2018; Mar 26. pii: S1071-9164(18)30119-2. doi: 10.1016/j.cardfail.2018.03.007.
40. Vela Duarte D, Henao-Martinez AF, Nyberg E, Castellanos P, **Franco-Paredes C**, Chastain DB, Lacunar Stroke in Cryptococcal Meningitis: Clinical and Radiographic Features. *J Stroke and Cerebrovascular Disease* 2019;
41. Chastain DB, Henao-Martinez AF, **Franco-Paredes C**. A clinical pharmacist survey of prophylactic strategies used to prevent adverse events of lipid-associated formulations of amphotericin B. *Infect Dis* 2019;
42. Henao-Martínez AF, Chadalawada S, Villamil-Gomez WE, DeSanto K, Rassi A Jr, **Franco-Paredes C**. Duration and determinants of Chagas latency: an etiology and risk systematic review protocol. *JBI Database System Rev Implement Rep.* 2019 Jul 22. doi: 10.11124/JBISRIR-D-18-00018.

RESEARCH ORIGINAL ARTICLES AS COLLABORATOR (clinical, basic science, other) in refereed journals:
43. Benator D, Bhattacharya M, Bozeman L, Burman W, Cantazaro A, Chaisson R, Gordin F, Horsburgh CR, Horton J, Khan A, Lahart C, Metchock B, Pachucki C, Stanton L, Vernon A, Villarino ME, Wang YC, Weiner M, Weis S; **Tuberculosis Trials Consortium**. Rifapentine and Isoniazid Once a Week versus Rifampicin and Isoniazid twice a week for Treatment of Drug-susceptible Pulmonary Tuberculosis in HIV-Negative Patients: a Randomised Clinical Trial. *Lancet* 2002; 360:528-34.
44. Weiner M, Burman W, Vernon A, Benator D, Peloquin CA, Khan A, Weis S, King B, Shah N, Hodge T; **Tuberculosis Trials Consortium**. Low INH Concentrations and Outcome of Tuberculosis Treatment with Once-weekly INH and Rifapentine. *Am J Rev Crit Care Med* 2003; 167:1341-1347.
45. Jasmer RM, Bozeman L, Schwartzman K, Cave MD, Saukkonen JJ, Metchock B, Khan A, Burman WJ; **Tuberculosis Trials Consortium**. Recurrent Tuberculosis in the United States and Canada: Relapse or Reinfection? *Am J Respir Crit Care Med* 2004; 170:1360-1366.
Mendelson M, Davis XM, Jensenius M, Keystone JS, von Sonnenburg F, Hale DC, Burchard GD, Field V, Vincent P, Freedman DO; **GeoSentinel Surveillance Network**. Health risks in travelers to South Africa: the GeoSentinel experience and implications for the 2010 FIFA World Cup. *Am J Trop Med Hyg*. 2010; 82(6): 991-5.
46. Hagmann S, Neugebauer R, Schwartz E, Perret C, Castelli F, Barnett ED, Stauffer WM; GeoSentinel Surveillance Network. Illness in children after international travel: analysis from the **GeoSentinel Surveillance Network**. *Pediatrics.* 2010; 1 25(5): e1072-80.
47. Schlagenhauf P, Chen LH, Wilson ME, Freedman DO, Tcheng D, Schwartz E, Pandey P, Weber R, Nadal D, Berger C, von Sonnenburg F, Keystone J, Leder K; **GeoSentinel Surveillance Network**. Sex and gender differences in travel-associated disease. *Clin Infect Dis*. 2010; 50 (6): 826-32.
48. Jensenius M, Davis X, von Sonnenburg F, Schwartz E, Keystone JS, Leder K, Lopéz-Véléz R, Caumes E, Cramer JP, Chen L, Parola P; **GeoSentinel Surveillance Network.** Multicener GeoSentinel analysis of rickettsial diseases in international travelers, 1996-2008. *Emerg Infect Dis*. 2009; 15(11):1791-8.
49. Chen LH, Wilson ME, Davis X, Loutan L, Schwartz E, Keystone J, Hale D, Lim PL, McCarthy A, Gkrania-Klotsas E, Schlagenhauf P; **GeoSentinel Surveillance Network**. *Emerg Infect Dis*. 2009; 15(11): 1773-82.

50. Nicolls DJ, Weld LH, Schwartz E, Reed C, von Sonnenburg F, Freedman DO, Kozarsky PE; **GeoSentinel Surveillance Network**. Characteristics of schistosomiasis in travelers reported to the GeoSentinel Surveillance Network 1997-2008. *Am J Trop Med Hyg 2008*; 79(5): 729-34.
51. Greenwood Z, Black J, Weld L, O'Brien D, Leder K, Von Sonnenburg F, Pandey P, Schwartz E, Connor BA, Brown G, Freedman DO, Torresi J; **GeoSentinel Surveillance Network.** Gastrointestinal infection among international travelers globally. *J Travel Med* 2008; 1 5(4):221-8.
52. Davis XM, MacDonald S, Borwein S, Freedman DO, Kozarsky PE, von Sonnenburg F, Keystone JS, Lim PL, Marano N; **GeoSentinel Surveillance Network**. Health risks in travelers to China: the GeoSentinel experience and implications for the 2008 Beijing Olympics. *Am J Trop Med Hyg* 2008; 79(1): 4-8.
53. Boggild AK, Castelli F, Gautret P, Torresi J, von Sonnenburg F, Barnett ED, Greenaway CA, Lim PL, Schwartz E, Wilder-Smith A, Wilson ME; **GeoSentinel Surveillance Network**. Vaccine preventable diseases in returned international travelers: results from the GeoSentinel Surveillance Network. *Vaccine* 2010; 28(46):7389-95.
54. Esposito DH, Han PV, Kozarsky PE, Walker PF, Gkrania-Klotsas E, Barnett ED, Libman M, McCarthy AE, Field V, Connor BA, Schwartz E, MacDonald S, Sotir MJ; **GeoSentinel Surveillance Network**. Characteristics and spectrum of disease among ill returned travelers from pre- and post-earthquake Haiti: The GeoSentinel experience. *Am J Trop Med Hyg* 2012 Jan; 86(1):23-8.
55. Boggild AK, Castelli F, Gautret P, Torresi J, von Sonnenburg F, Barnett ED, Greenaway CA, Lim PL, Schwartz E, Wilder-Smith A, Wilson ME; **GeoSentinel Surveillance Network**. Latitudinal patterns of travel among returned travelers with influenza: results from the GeoSentinel Surveillance Network, 1997-2007. *J Travel Med* 2012; 19(1):4-8. doi: 10.1111/j.1708-8305.2011.00579.x.

REVIEW, EDITORIALS, CASE SERIES, CASE REPORT ARTICLES:

56. **Franco-Paredes C**, Jurado R. Ankylosing Spondylitis Fibrocavitary Lung Disease. *Clin Infect Dis* 2001; 32:1062.
57. **Franco-Paredes C,** Evans J, Jurado R. Diabetes Insipidus due to *Streptococcus pneumoniae* Meningitis. *Arch Intern Med* 2001; 161; 1114-15.
58. **Franco-Paredes C,** Blumberg H. Tuberculosis Psoas Abscess caused by *Mycobacterium tuberculosis* and *Staphylococcus aureus*: Case Report and Review. *Am J Med Sci* 2001; 321:415-17.
59. Jurado R, **Franco-Paredes C**. Aspiration Pneumonia: A Misnomer. *Clin Infect Dis* 2001;33:1612-3.
60. Del Rio Carlos, **Franco-Paredes C**. Bioterrorism: A New Public Health Problem. *Sal Publ Mex* 2001; 43:585-88.
61. **Franco-Paredes C,** Blumberg H. New Concepts in the Diagnosis of Latent Tuberculosis Infection. *Consultant* 2001; 41:1105-1121.
62. **Franco-Paredes C**, Bellehemeur T, Sanghi P, et al. Aseptic Meningitis and Retrobulbar Optic Neuritis Caused By VZV Preceding the Onset of PORN in a Patient with AIDS. *AIDS* 2002; 16:1045-1049.
63. **Franco-Paredes C**, Mehrabi D, Calle J, Jurado R. Night Sweats Revisited. *Infect Dis Clin Pract* 2002; 11:291-293.
64. **Franco-Paredes C,** Jurado R, Del Rio C. The Clinical Utility of the Urine Gram Stain. *Infect Dis Clin Pract* 2002; 11:561-563.
65. **Franco-Paredes C**, Agudelo C. Editorial Response: The Ever Expanding Clinical Spectrum of Tuberculosis. *J Clin Rheumatol* 2002;8:1-2.

66. **Franco-Paredes C,** Rebolledo P, Folch E, Hernandez I, Del Rio C. Diffuse CD8 Lymphocytosis Syndrome in HIV-infected Patients. *AIDS Reader* 2002; 12:408-13.
67. **Franco-Paredes C.** Human Immunodeficiency Virus Infection as a Risk Factor for Tuberculosis Infection and Clinical Disease. *Infect Med* 2002; 19:475-479.
68. **Franco-Paredes C,** Leonard M, Jurado R, Blumberg H. Tuberculosis of the Pancreas. Report of two cases and Review of the Literature. *Am J Med Sci* 2002; 323(1): 54-58.
69. DiazGranados C, **Franco-Paredes C,** Steinberg J. A Long Suffering Patient with New Abdominal Pain. *Clin Infect Dis* 2002; 34(9):1213-1214; 1267-1268.
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FORMAL TEACHING

Medical Student Teaching

2001 - 2002	Clinical Methods, Emory University School of Medicine
2001 - 2002	Clinical Instructor Harvey Cardiology Course, Emory University School of Medicine
2001 - 2002	Problem-Based Learning for Second year Medical Students, EUSM
2005-2011	Clinical Methods Preceptor, ECLH
2006-2008	Medical Spanish - Instructor for M2, EUSM
2006-2007	Directed Study on Social Determinants of Infectious Diseases for M2 students (Lindsay Margolis and Jean Bendik), EUSM
2007-2011	Instructor - Global Health for M2 Students, EUSM
2007-2008	Presentation-Case Discussion – Social Determinants of Diseases – Coordinated by Dr. Bill Eley – Emory School of Medicine New Curriculum.
2018-	Small Group: Parasitic Diseases, Microbiology Course for First Year Medical Students, University of Colorado, Anschutz Medical Center.
2019-	MS-2 Small group discussion Microbiology, University of Colorado, Anschutz Medical Center: Parasitic Diseases, CNS Infections, Septic Arthritis-Cat Bite
2019-	Class Global Health and Underserved Populations of the New SOM CU Curriculum. Course Co-Director. Pilot Class (Jan 6-Jan 17, 2020).
2020-	MS-2 Small group discussion Microbiology, University of Colorado, Anschutz Medical Center: Parasitic Diseases, CNS Infections, Septic Arthritis-Cat Bite

Graduate Program

Training programs

2006-2011	Professor - GH511 (Global Health 511) International Infectious Diseases Prevention and Control, Rollins School of Public Health
2009-2011	Professor – GH500 D – Key Issues in Global Health, Career MPH Program
2006-2011	Thesis Advisor to students Global Health Track – Hubert Department of Global Health, Rollins School of Public Health of Emory University
2008-2011	Coordinator International Exchange between Rollins School of Public Health and National Institute of Public Health, Cuernavaca, Mexico – Supported by the Global Health Institute

of Emory University

Residency and Fellowship Program:

2004-2011	Resident Report – Noon Conferences Emory Crawford Long Hospital and Grady Memorial Hospital
2004-2011	Didactic Lectures on Parasitic Diseases and Non-tuberculous mycobacterial diseases for Internal Medicine Residents and Infectious Disease Fellows
2005-2008	Coordinator Journal Club Infectious Disease Division
2005-2011	Travel Medicine Elective, Internal Medicine Residents (2 internal residents per month)
2005	Grand Rounds – EUH - Department of Medicine: "Travel Medicine"
2006	Grand Rounds – ECLH – Department of Medicine: "Malaria"
2008	Grand Rounds - ECLH – Department of Medicine: "Leprosy"
2008-2011	Journal Club Coordinator, Internal Medicine Residency Program – ECLH
2009	Grand Rounds - EUH – Department of Medicine: "Leprosy a Modern Perspective of an Ancient Disease"
2009	Grand Rounds – Pulmonary and Critical Care Division – Neglected Tropical Diseases of the Respiratory Tract, June 16, 2009
2017	Grand Rounds – Leprosy, University of Colorado, Anschutz Medical Center, Division of Infectious Diseases, December 2017
2017	Grand Rounds – Infections associated with Secondary Antiphospholid Syndrome, University of Colorado, Anschutz Medical Center, Division of Rheumatology,
2018	Didactic Session – Travel Medicine (Pretravel and Postravel) Infectious Diseases Fellowship Anschutz Medical Center, Division of Infectious Diseases
2017-	Infectious Diseases Fellows Clinic, University of Colorado, Anschutz Medical Center, IDPG.
2019	Invited Speaker: Travel Medicine, Pretravel/Postravel Care, Physician Assistant Program, September 12, 2019, University of Colorado, Anschutz Medical Center

Other categories:

2000-2002	Physician Assistant Supervision during Fellowship/Junior Faculty, Emory University
2004-2007	Mentoring of four College Students to enter into Medical School (Emory, Southern University, and Dartmouth): Lindsay Margolis 2004-Emory University Michael Woodworth 2005 – Emory University Peter Manyang 2007 – Southern University Padraic Chisholm 2007 – Southern University/Emory University
2009-2011	Project Leader. Partnership – Emory Global Health Institute – University-wide - Emory Travel Well Clinic and is titled Hansen's disease in the state of Georgia: A Modern Reassessment of an Ancient Disease". http://www.globalhealth.emory.edu/fundingOpportunities/projectideas.php. Students: 5 MPH students (RN/MPH, MD/MPH)
2017-	Infectious Diseases Fellowship Program, University of . Colorado, Anschutz Medical Center. Teaching activities Inpatient and outpatient (ID Fellows Weekly Clinic)
2019-	Infectious Diseases Fellowship Program Director University of Colorado, Aurora Colorado

Supervisory Teaching:

Ph.D. students directly supervised:

Carlos Franco-Paredes, MD, MPH

Global Health, Rollins School of Public Health - PhD Task Force Member – 2007-2009
Residency Program:
Emory University: Internal Medicine Residents and Infectious Disease Fellows Supervision – Inpatient Months – 3-4 months per year on Grady Wards. I participated in the presentation and discussion of clinical cases, and discussion of peer-reviewed journal with medical students, residents, and fellows. Overall evaluations: Outstanding Teacher. (Anna Von 2005-2006; Seth Cohen 2008, Susana Castrejon 2007; Lindsay Margoles 2007-2008; Jean Bendik 2006-2008; Meredith Holtz 2007-2008)
University of Colorado, Anschutz Medical Center (since June 2017- present). Case discussion in infectious diseases during clinical rounds inpatient services (ID Gold, ID Blue, ID Orthopedics).
2004-2009 Thesis advisor – MPH Students – Hubert Department of Global Health – Concentration Infectious Diseases: Brenda Thompson 2004; Katrina Hancy 2004; Trina Smith 2006; Melissa Furtado 2007-2008; Oidda Museru 2008-2009; Hema Datwani 2010; Ruth Moro 2010; Talia Quandelacy 2010
2015 – Class GH511, Topic: "Leprosy" as part of the International Infectious Diseases, Global Health Track, Rollins Schoolf of Public Health, Emory University, Atlanta GA
2017 – Class GH511, Topic: "Leprosy" as part of the International Infectious Diseases, Global Health Track, Rollins School of Public Health, Emory University, Atlanta GA
2019 - Project Mentorship – Diffuse lepromatous leprosy. Undergraduate Student, University of Colorado, Boulder. Mikali Ogbasselassie. Project was carried out in Collaboration with the Dermatology Center of the Hospital General de Mexico.
Poster presentation by Mikali Ogbasselassie September 22, 2019, UMBC, Baltimore, Maryland.

DOCUMENT 4

Jennifer K. Harbury

April 10, 2020 Statement Re Detained Asylum Seekers at the Port Isabel Detention Center

My name is Jennifer K. Harbury. I am an attorney, 68 years of age, a United States citizen, and of sound mind. I swear that the following is true and correct.

On Tuesday, March 31, 2020 I visited the Port Isabel Detention Center. I brought my own mask and gloves. What I observed at the facility left me with very grave concerns as to the safety of the asylum seekers and other immigrants detained there. Updated reports have not lessened those concerns. I have visited this facility often in the past. Hygienic conditions there are startling even during the best of times. The conditions are now unconscionable given the Covid 19 pandemic.

When I arrived I observed that the officers at the gate and the front desk were wearing no masks, although they at least wore gloves. Once I was admitted past the waiting room, the guard escorting me down the hallway had neither mask nor gloves. Neither did the other guards in this area who were going back and forth to get the detainees and carry out other tasks. They said they had access to such masks and gloves "if they needed them", but did not see this as a necessary measure. I asked the detainees I was visiting if the guards wore masks or gloves when the entered the dormitories. The men said no. No masks are used, and gloves are used only if the guard is going to search the person or have other physical contact. Guards move from room to room in this manner.

I inquired further, and received the following additional information from the detainees. One dormitory had already been quarantined. The guards nevertheless bring food to the other dormitories without wearing masks. Four toilet bowls stand in the open in a dormitory for 70 men. They are not shielded in any way. Staff bring cleaning materials in the morning and evening, and the detainees scrub the toilets then, but nothing in between. There is no way to sanitize them throughout the day, or move them further from the beds, where the detainees eat. There is no way to do social distancing, since the beds are all in close proximity. The detainees do not have gloves or masks. Nor are they issued soap. They receive only three small packets of shampoo a day. If they want soap they must buy it in the commissary. This is available only to people with funds.

The detention facility has since confirmed that an employee was diagnosed with corona virus on March 30, 2020.

I received updated reports from detainees yesterday, April 8, 2020, that some of the guards,(less than half), wear face masks now, and that some detainees have received them, but most have not. The other dangerous conditions remain unchanged. Some guards nevertheless still make light of the Covid 19 risks. Some have said it is fake news. When I was there, one guard laughed and said he was sure when the federal checks began arriving, everyone would be out on a big shopping spree.

These conditions fly in the face of the basic safeguards we are all required to follow during this pandemic. I am particularly concerned about the medical condition of Steven Tendo, a Pastor from Uganda who suffers from diabetes. I have known him since late 2018, when he was kidnapped and held for ransom in Reynosa, Mexico, and I have stayed in touch with him throughout his detention at the Port Isabel facility. From the beginning he has been provided with a completely inadequate diet. He also told me that his medication had been changed and that he was having a hard time physically. He has lost a

good deal of weight, and as his health weakened, he began to suffer from terrible boils in his face. During one visit, a boil had so distorted his right cheek that his eye was nearly closed. His vision has been bothering him for some time, and he says that a specialist has recommended surgery. Steven now has boils in different parts of his body. A physician's expert evaluation has been sent to Ms. Cathy Potter, attorney for Steven Tendo, which documents his recent diabetic emergency as well. Since that letter was written, Steven tells us that his most recent testing showed a HBA1C of 12.11

Pursuant to 28 U.S.C. 1746 I swear under penalty of perjury of the laws of the United States that the foregoing is true and correct.

Signature

April 9 2020

Date